

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40489

1. PLACE OF DEATH

County CooperRegistration District No. 218

Township

Primary Registration District No. 3015City Boonville

(No. _____)

St. _____

Ward _____

2. FULL NAME Claus Stammerjohn.

(a) Residence, No. _____

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 10th/1942

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

8928

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Brick-maker.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)

Hoernerkirchener

(STATE OR COUNTRY)

Holstein Denmark.

FATHER

13. NAME

Peter Stammerjohn.

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Denmark.

MOTHER

15. MAIDEN NAME

Meta Schlueter.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Denmark.

17. INFORMANT

(ADDRESS)

E. C. Stammerjohn.Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Boonville Mo.Walnut Grove CemeteryDATE 12/20

1931

19. UNDERTAKER

(ADDRESS)

Goodman & Boller.Boonville Mo.

20. FILED

Dec 22 1931Ja Russell

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Dec. 18th, 1931

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1931, to Dec. 18th, 1931.I last saw him alive on Dec. 18th 1931, 19..... Death is saidto have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic tubercular heart disease
old age

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

ClinicalWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

H. D. Trigg

M. D.

(Address)

Boonville, Mo.

